

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-004479

STATE FILE NUMBER

AMENDED

Registration District No.

318  
FILED JAN 19 1962

Primary Registration District No.

1003

Registrar's No.

467

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN  
St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION  
DeaconessInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

admission)

c. CITY

OR

TOWN

Bellefontaine

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Olive St. Rd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Joseph

Middle

Schiller

Last

4. DATE  
OF  
DEATH

Month

Day

Year

1/10/62

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

4/28/1874

87

## 9. AGE (last birthday)

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

County Water Works

## 11. BIRTHPLACE (City and state or country)

St. Louis Co., Mo. USA

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

John Schiller

## 13b. MOTHER'S MAIDEN NAME

Henrietta Bunte

## 14. NAME OF HUSBAND OR WIFE

Sara Coulter Schiller

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Adrian Bowling, Chesterfield, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pulmonary Embolus (probable)

## INTERVAL BETWEEN ONSET AND DEATH

immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Phlebotrombosis - lower extremities

## DUE TO (c)

466x

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diarrhea; Hypertension

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 6 '58 to 10 Jan '62 and last saw him live on 10 January 1962

Death occurred at 6:15 PM on the date stated above, and to the best of my knowledge from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Harvey D. O'Brien M.D.

## 22b. ADDRESS

#1 Clarkson Rd. Chesterfield Mo. 11/11/62

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1/13/62

## 23c. NAME OF CEMETERY OR CREMATORY

St. John Cemetery,

## 23d. LOCATION (City, town, or county)

Bellefontaine, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Schrader Funeral Home, Ballwin, Mo.

## 25. DATE RECD. BY LOCAL REG.

JAN 11 1962

## 26. REGISTRAR'S SIGNATURE

Loan Smith M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3000 FIDAL 013300

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.